



Planning &
Development
Services
Department

Permit Application

Date: _____

Activity: _____

Commercial: _____ Residential: _____

For Zoning and Subdivision review, the Unified Development Code (UDC) applies to this application. If you feel the Land Use Code (LUC) should apply, please consult with Zoning review staff.

Project Address: _____ **Unit #** _____

Applicant Name: _____

Name of Business (If Applicable): _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Contractor: _____

R.O.C. #: _____ C.O.T. Business Lic #: _____ Phone: _____

Architect/Engineer: _____

Sea#: _____ C.O.T. Business Lic #: _____ Phone: _____

Description of Work: _____

Result of a violation: Y N If yes, Violation # _____ , _____ , _____

EXPIRATIONS:

DEVELOPMENT PACKAGE PLAN REVIEW: 1 YEAR

DEVELOPMENT PACKAGE APPROVAL: 3 YEARS IF NO PERMITS ARE PULLED ON THE PROJECT

BUILDING PLAN REVIEW: 180 DAYS FROM APPLICATION DATE

BUILDING PERMITS ISSUED: 180 DAYS FROM DATE ISSUED OR LAST INSPECTION

I understand that any application, plans and/or related documents submitted to Planning and Development Services for review may be viewed as a Public Record per Planning and Development Services Department Records Policy 2011-05.

I further understand that they may also be subject to review and approval by Pima County including but not limited to Wastewater, DEQ, ADEQ, Addressing and/or Health Department and that I am responsible for paying any separate fees incurred as a result of these reviews prior to a permit being issued or a Development Package being approved by the City of Tucson Planning and Development Services Department. It is the responsibility of the Licensed Contractor or Architect to provide a letter to PSDS verifying their City of Tucson Business License number and affiliation with the project for which this application is made. Failure to do so may result in revocation of this permit and all penalties incurred.

Signature of Applicant/Representative of Project Owner

Date

The above signature attests that to the best of my knowledge, the information contained in this application is complete and correct.

Select one of the following review methods by initialing in the appropriate box below.

☐

Flexible Application
(waiver form required)

☐

Regulatory Limits Application
(SB 1598)

☐

Over the Counter
(walk-thru)

(AMBASSADOR USE ONLY)

OTHER PERMIT OR VIOLATION NUMBERS EXISTING (APPLIED, APPROVED, ISSUED, EXPIRED OR PENDING STATUS)

NUMBER

STATUS

NUMBER

STATUS

Staff verified? _____